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CONTENTS

EDITORIAL
Awareness .....Page 235

M. N. NEWQUIST, M.D.
Industrial Health in War Time—Elements of Maintenance .....Page 236

LUCILLE HARMON, R.N.
Visiting Nurse Service for the Small Plant..Page 238

T. O. ARMSTRONG
The Nurse's Part in the Industrial Relations Program .....Page 239

Industrial Nursing in Connecticut.....Page 241

National Organization for Industrial Nurses.Page 243

Industrial Nurse

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Awareness

PROBLEMS of health and safety as they concern the individual employee are much alike in all fundamental respects whether the employing company is large or small. In the large establishments, these problems usually have an organized solution, designed both to correct them and to prevent their recurrence. The small plant, however, less generally cognizant of them, has to meet them as they present themselves one by one.

The complete significance of the application of preventive medicine in the small plant is most fully realized when all such problems are studied in terms of solution not only for the moment but, as nearly as may be, for all time. In most small plants the nurse will be the only member of the organization who is health conscious enough to study them in these terms; she alone will have the awareness to look for them and, when she finds them, realize their full importance. Her awareness in this respect is particularly acute at this time, and one of the conditions which sharpens the acuteness is the increasing employment of women.

The employment of women, especially in small plants, offers numerous problems. Among them are those of the legal restrictions—most states have laws regulating hours of work for women; and the Federal Contracts Act provides that no work shall be done in surroundings which are unsanitary, hazardous or dangerous to health or safety. Employers are usually willing to cooperate in careful compliance with these laws. In the details of compliance with these and similar provisions the nurse has a place no one else can fill.

But that is only part of the sphere of her usefulness. Its other half is equally vital. First and most important, she has an instinctive appreciation of the problems peculiar to women—the subjective problems involved in such things as rest periods and facilities to insure cleanliness, the availability of nutritive foods, the emotional and physical responses to home conditions, the reactions to the job, and, in general, the psychology of the sex.

Next, there is the working situation, comprising the objective problems. For example, safe clothing for women presents a problem in itself. Here the nurse has an outstanding opportunity to demonstrate and apply her knowledge of health measures and accident prevention through encouraging the use of proper and protective apparel—in connection with such things as head coverings, proper footwear, elimination of jewelry and protection against materials hazardous to health.

Every industrial nurse will mentally elaborate the foregoing in countless respects as to details. This will be proof of her awareness. She may be reluctant to bring all of the things of which she is aware to the attention of the management, but her knowledge of

their respective importances will enable her to put the first ones first and to follow through with all the rest as quickly as possible. Her reluctance will be particularly enhanced if she was only recently employed; but she will find almost invariably that whenever her suggestions have the basis of constructive improvement, even though there may be postponements and changes in the methods she suggests, she is going to be given credit for being awake on her job. And it won't be long until she has established herself as an integral part of that over-all fellowship of interest which will make her place of employment not only a healthful and safe place but, without a doubt, a happy one as well.

Industrial Health in Wartime

—Elements of Maintenance—

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IF WE are to win World War II as we all hope and expect, each of us in the United States will have to exert greater effort for longer hours per week than ever before. The raw materials of our nation and the billions of dollars appropriated by Congress for war purposes can contribute nothing toward victory unless they are converted, through the toil and sweat of our workers, into armaments of war. Even so, the added toil required of us will be a small contribution compared to that supreme sacrifice rendered by many of our armed forces on the battlefield.

Comparatively, the axis powers were lacking in monetary and many raw resources, but in their war program they more than made up for this lack by *man hours of work*. Therefore, complacency on our part must end. More man hours of work are imperative if we wish to equip our fighting forces with weapons at least equal in number and effectiveness to those of the enemy. All of this means that industrial organizations are employing and will need to employ still more people; the hours worked must be increased; more women must be engaged to replace the men who are called for military service; and finally, certain manufacturing or production processes must be speeded up.

Already we are experiencing an increase in industrial accidents and absenteeism from sickness on account of this industrial speed-up. In 1940, there was a 10% increase in occupational deaths in the United States, whereas there was only a 2 to 3% increase in total employment. The number of disabling injuries also increased disproportionately during 1940. The 1941 experience in industry reveals that accidental injuries and fatalities are still rising. The National Safety Council reports 18,000 occupational deaths for 1941, approximately 6% more than in 1940. The Council further states that had these 18,000 persons, plus 29,000 other workers killed off the job in 1941, been permitted to live they could have built 20 battleships, 200 destroyers and 7,000 heavy bombers. To reduce this terrible wastage from accidents is an urgent duty.

Investigations by private and governmental agencies reveal that workers lose somewhere between six and nine days per year on account of illness and injury, occupational accidents accounting for only about 6% of this time loss. Thus, it is apparent that the health problem in industry must be handled in its total aspect. This time loss from sickness may soon be further increased on account of impaired health resulting from too long work periods, and unhealthful working and living conditions, plus the tendency for workers to feel that when jobs are plentiful they can afford to take an extra day off now and then, whether for illness or for other purposes. Finally, a total war may bring unpredictable epidemics of disease which would upset all plans and records of the past.

British Experience

AS A GUIDE to what American industry can expect, it might be well to cite some British experience in this connection. At the time of the Dunkirk evacuation in 1940, the British worked 12 hours a day, seven days a week. Production increased for a short time; accidents went up, too; but within two months production started to fall and absenteeism became general, owing in part to the fatigue or exhaustion of the workers. The British Industrial Research Board also reported in 1940 that in the 12-hour day two and a half times more accidents occurred than in the 10-hour day. The National Expenditure Committee of the Commons reported in 1941 that absenteeism during the winter months dropped 33 to 40% when the working day was reduced to eight hours. The Committee further reported that absenteeism was 60 to 90% higher among women than among men, and, since absenteeism was particularly high on Saturday afternoons and on Sundays, they recommended the abolition of Sunday work.

In February, 1942, the Industrial Research Board recommended that, for greatest efficiency, weekly working hours over extended periods should not exceed 60 to 65 for men and 55 to 60 for women. The Board added that their investigation showed that time lost by workers through illness or injury increased when the work week exceeded 60 hours.

Germany's Experience

PRIOR to September, 1939, Germany adhered in principle to the eight-hour work day, but with the start of the war these regulations were relaxed. In December, 1939, however, work regulations were again applied which permitted 10 to 12 hours of work per day, but in such extended work periods rest pauses are required. In the 12-hour day, for instance, rest intervals totalling two hours must be enforced.

Factors of Increased Accidents and Impaired Health

THESE factors include the following:

1. Newly recruited workers who are inexperienced and unfamiliar with factory life and occupational hazards.
2. Increasing numbers of women are being employed. In Britain, women sustained over twice the increase in injuries as compared with men when the work period was increased from 10 to 12 hours per day.
3. A greater number of physically handicapped workers are now being used than in peace time.
4. Lack of general physical fitness. Unemployment, short work hours, the machine age, beauty-sleep mattresses and other "take-it-easy" factors have made "softies" out of too many of us.
5. Lack of adequate safety measures, and particularly a lack of instruction in safe work practices.
6. Speeding up of machines and production processes beyond optimum human rhythm.
7. Overcrowding in factories. Inadequate provision for comfort and health may add greatly to the fatigue factors.
8. Unhealthful working conditions, such as inadequate lighting, heating and ventilation; and inadequate control of occupational disease hazards, especially in

Presented at a meeting of the Industrial Nursing Section of the Texas State Organization for Public Health Nursing, Port Arthur, Texas, February 14, 1942.

small plants taking on sub-contracts involving new and hazardous work.

9. Fatigue. This is a complex phenomenon. Haggard has described fatigue as being a product of (a) work done, and (b) man's susceptibility to fatigue as influenced by his constitution, habits of muscular use, work environment and the nature of the task. The causes of fatigue are physical, psychological, and environmental, the latter two being the most common and the most important in industry. Physical fatigue *per se* occurs when heavy physical labor is required. Nervous or psychological fatigue results when the similarity of task causes a sensory fatigue, dulls "feeling tones" and produces a staleness. Intense mental effort can also produce fatigue, but if emotional strain is absent, psychosis should not develop. Emotional strains due to disturbed relations with fellow workers or management, or to disrupted home and community life, are important factors in fatigue. Environmental factors, such as temperature, humidity, lighting, ventilation and posture play important roles in fatigue. In analyzing fatigue factors, Dr. Sayers has ably pointed out that "the total situation of the worker must be considered, since it may be a greater cause of fatigue than the specific work performed." Manifestations of fatigue are ill health, accident proneness, and inefficiency; but these are temporary manifestations which disappear when the fatigue is relieved. Authorities on this subject contend that there is as yet little actual proof that long fatiguing periods of work will leave permanent deleterious effects on health or work efficiency. To determine if fatigue is a factor in some department of a plant, its accident frequency, labor turnover, absenteeism, work output and spoilage should be totalled and compared with other related experiences. As to the effect of rest periods, the rest pause with or without food improves "feeling tone" and overcomes staleness, thereby tending to eliminate fatigue. A plant having four 10-minute rest periods during the working day reported a 10% increase in production. But other factors also contributed to this increased production, such as the desire to excel, and the workers' attitude—which is improved by the fact that he has been given a rest period.

10. Inadequate nutrition. There has been too much of a tendency to eat what we want and not what we need.

11. Disturbed transportation and home living conditions brought about by inadequate housing facilities, loss of homes through bombings, etc. Worry about the welfare of the family, and loss of sleep and rest at home prevent many workers from recovering sufficiently from the fatigue of each day's work.

12. Epidemics brought on by war conditions, such as respiratory diseases (influenza).

Promoting and Maintaining Industrial Health

INDUSTRIAL health and industrial efficiency go hand in hand. Team work by management, the doctor, the nurse, the safety engineer and the worker is required in achieving these goals. The role or function of the industrial nurse has been so frequently and well presented by various authorities in this field that no "do's" or "don'ts" will be expressed in this paper. The industrial nurse, however, will find that she can serve better by staying within the legitimate field of industrial nursing. By cooperating with other departments and individuals concerned, we will all reach the ultimate goal more quickly.

No fancy innovations are necessary to cope with industrial health problems which are accentuated during wartime. Simply apply with renewed interest and vigor health measures which have long been recommended and used successfully in industry, some of which are as follows:

1. Provide a safety organization which has a definite and active program in accident prevention which includes close supervision of the new inexperienced worker and the placing of the accident prone worker in less dangerous jobs. All employees should be instructed in first aid.

2. Provide adequate first aid or medical facilities at the plant. Most large plants have already done this; small plants should utilize the group principle in obtaining adequate health facilities and service.

3. Provide an adequate health service to include: (a) pre-placement physical examinations; (b) periodic physical examinations; (c) the treatment of all industrial injuries and occupational diseases; (d) reasonable first aid and advice for employees suffering from non-industrial injuries and illnesses while on duty, referring such employees to their own private physicians for further care but maintaining a follow-up on all such cases; (e) home visits by the nurse when indicated and when it is possible to make such visits; (f) health education by means of personal advice, pamphlets, posters, group talks, motion pictures, etc., to include subjects on personal hygiene, communicable and degenerative diseases and their prevention, and some plain practical talk on diet and vitamins. (Repetition and reiteration of health facts, plus the backing of the plant management, are necessary to make health education more effective among employees.) And, finally, (g) cooperation with the doctors and other health agencies in the community.

4. Do not let the speed of machines or production exceed the optimum human capacity or rhythm.

5. Provide healthful working conditions, such as proper light, heat and ventilation, adequate washing and toilet facilities, and control of occupational disease hazards.

6. Arrange daily and weekly work hours so that maximum production may be achieved without impairing health or efficiency. The optimum number of hours of work per week has not been determined satisfactorily, but it would appear that eight hours per day, 48 hours per week for men, and 44 hours for women is not far from optimum for long continued production. Should an emergency require 10 to 12 hours of work per day, scheduled rest periods of 10 to 15 minutes should be provided during the work spell. The milk- or lunch-wagon or a canteen in the plant will prove to be a good investment as an aid in overcoming fatigue and increasing production. There should be one day of rest out of each week. More short vacations are preferable to long ones in overcoming staleness and fatigue.

7. Encourage adequate rest, diet and recreation for each worker.

8. Keep adequate accident, health and absentee records and analyze the score periodically. By so doing, objectives for the health service will be early demonstrated and preventive measures can be instituted.

9. Improve the morale of our working population. An army which lacks the will to fight is already defeated. Hitler knew this fact in considering the strength of certain of his opposing armies. Similarly, a nation whose population is neither healthy nor productive will soon crumble. A sick, inefficient or absent worker is no more effective in defending his country than a sick and disabled soldier.

Let us, therefore, continue to strive to inoculate in the minds of our people a sense of proportion, an incentive to work, and a health consciousness which will tend to keep our nation strong and our people physically fit.

Visiting Nurse Service for the Small Plant

LUCILLE HARMON, R.N.,
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NURSES have an important part in the industrial health program. With the industrial physician and the industrial hygienist she is working toward improving the health of industrial workers.

Large plants with their full-time medical departments are adequately cared for. It is the small plant employing 500 or fewer workers that is in need of a health service. The Division of Health of the U. S. Public Health Service has recognized this need and has recommended that the local Bureaus of Industrial Hygiene assume the leadership in helping managements to plan for the kind of health service they need; whether it is a full-time physician and nurse, a part-time physician and nurse, or any combination of medical and nursing service.

Public health nursing agencies throughout the country are interested in giving part-time nursing service to small plants. In Detroit the Visiting Nurse Association started such a program in February, 1941. This has the approval of the Wayne County Medical Society, the Detroit Department of Health, the Detroit Industrial Safety Council and the Detroit District Nurses Association. Service is given on an hourly basis, the nurse calling daily or two or three times a week at an hour appointed by the management. The time spent in the plant varies from one to three hours depending on the number of employees, the accident frequency, and the interest of the management in a health service.

The program has two phases—first aid and health education. In some plants where full-time service is clearly indicated the part-time service functions as a demonstration program for a more adequate service.

The selection of the nurse in an industrial nursing program is very important. The Visiting Nurse Association selects the participating nurses on the basis of previous experience, academic preparation, quality of performance in the public health field, and personality. Previous industrial experience is desirable but not necessary; other factors are more important. Industrial nurses are public health nurses, they work with people in groups; the industrial locale differs from the school or community one, but the ability to get along with people is transferred from the one situation to the other. The nurse's most important assets are her basic technics, her tact, judgment, resourcefulness in emergencies, and the ability to get along with all kinds of people.

The industrial nursing supervisor makes frequent plant visits with the nurses, and once a month group meetings are held to discuss common problems and exchange ideas. A continuous educational program is going on. All nurses have had at least the standard Red Cross first aid course, many are qualified as instructors; all have had whatever courses Wayne University offers in industrial hygiene and industrial nursing. (Beginning in April a seminar will be conducted once a month by industrial physicians in large plants with full-time departments. Such topics as clinical procedures, industrial records, and first aid equipment will be discussed.)

The nursing program varies with the individual plant and is adapted to the needs of the plant based on the manufacturing process, the sex of the employees, the accident frequency and severity, plant housekeeping standards, and the problems as analyzed by management.

All plants in Detroit receiving part-time service have a physician "on call." The physician does not visit the plant except on invitation of an executive who can sometimes be prompted by the nurse to extend the invitation. The doctor must depend upon the nurse's report to him of the kind of work a man does and the hazards he is exposed to, to help him in his diagnosis and treatment.

When a plant wishes to enter into a contract with the Visiting Nurse Association for part-time nursing service, the supervisor visits the plant physician to explain the service and secure his standing orders for first aid treatment and health instruction. Thereafter the plant nurse contacts him frequently to secure orders for redressings, to discuss unusual symptoms, and to follow through on recommendations made in pre-employment examinations.

Everyone is interested in knowing what the nurse does when she visits the plant. She gives first aid on all accidents which occur while she is in the plant; if the injury is at all serious the worker is sent to the physician. She sees all employees who were given first aid since her last visit, to determine the adequacy of the care and whether or not the physician should see the patient. She instructs a responsible employee selected by the management in giving safe first aid. She interviews employees who have returned to work after illness, and makes home visits on employees who are reported ill. She makes frequent trips through the plant to observe the workers.

As she walks up and down the lines she notes postural defects, nutritional defects, symptoms of fatigue and abnormalities. A few words at this time may be all that are necessary, but with some workers a longer interview is desirable and appointments are made to visit the nurse in the first-aid room. On her plant trips she observes such things as housekeeping, sanitation, location and condition of drinking fountains, lunchroom facilities, etc.

The chief objective of the program is to improve the health of the worker. Health education is given individually and in groups. Visual material, posters and pamphlets, are used in the first-aid room and on bulletin boards. In one plant a five-minute health talk is given once a week, during the mid-morning rest period, on a topic suggested either by the workers or by the management. Topics selected by workers include lunch-box suggestions, nutrition, colds, clothing, personal hygiene, etc., while management requests such topics as the employee's responsibility for a clean working place, prevention of colds, nutrition, and personal hygiene.

At the end of each month a report is sent to the management on the number of workers who have received nursing care and the reasons for which they consulted the nurse—factory accidents, non-occupational accidents, and physical disabilities. The report includes the referrals the nurse has made throughout the month to the industrial physician, the family physician, the dentist, the oculist, and other agencies, and for home nursing visits. All sick employees are visited in their homes to advise medical supervision, if needed, to give nursing care as indicated, and to instruct families in giving adequate care.

In addition to the statistical report the nurse gives management a narrative report of conditions existing within the plant which affect the health of the workers —drafty working places, noxious fumes, wet floors, common towels, sanitary facilities, etc. This report is sent to the president, superintendent, shop committee,

Given at the Annual Meeting of the MICHIGAN INDUSTRIAL HYGIENE SOCIETY, Detroit, March 27, 1942.

or any person or persons requested by the management.

In February, 179½ hours of industrial nursing service were given by the Visiting Nurse Association and, in a total plant population of 2000, 1221 individuals were seen by the nurses; 642 of these visits were for physical disabilities, 579 for injuries.

It is significant that since the beginning of this program no plant has decreased the number of hours or cancelled its contract with the Association. Factories have been shut down because of strikes, vacations, or inventory, yet the nurse has gone in at her appointed time at the express request of the management. We have usually started the program in plants where we had little equipment to work with, in a makeshift first-aid room which afforded little privacy, poor ventilation and worse lighting. From a corner in the cloakroom we have emerged into a fully-equipped, well-lighted room built especially for the health service; from screened-off corners in lunchrooms and engineering departments into very satisfactory rooms for first aid and consultation.

The nurses sometimes get discouraged. Little is done about conditions which so patently need remedying. I was recently talking to one who had, for three months, been giving four hours of service a week to a small plant employing 200 women. Sanitary facilities and housekeeping standards were very low. I asked her if she saw any improvement in the time she had been going there. No, she thought not, but then her face brightened and she said, "Yes, I do; there are more people in this plant under medical care today than ever before. More of them are having dental care, are having their eyes examined, and are wearing better shoes. They are really becoming interested in better health."

The Nurse's Part

—In the Industrial Relations Program—

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IN TIMES such as these, it is hardly necessary for me to tell you of the importance of your profession. In the short span of a year it has changed from an overcrowded profession to one which at the moment requires recruiting to fill the need. The nurse once again is being glamourized and publicized.

On the other hand, in the many industrial establishments throughout the land, we have a particular specialty within the field — THE INDUSTRIAL NURSE — doing her job daily and quite thoroughly without any fanfare, publicity, or glamour. In fact, doing the job so quietly that even the employer for whom she works very often knows little about her activity.

The Nurse's Part in the Industrial Relations Program was presented to me for what reason I do not know. I am most interested in knowing what led to the question. Is there any belief in anyone's mind that she is not a part of industrial relations? Or, is there a need to know just what industrial relations is in the modern sense?

With this latter thought in mind, I would like to give you my definition of industrial relations as I see it, living with it as I do each working day.

Industrial relations is the FEELING centered in the moods, desires, hopes, faults, virtues, and aspirations of the individuals who spend their time within the unit termed an industrial organization. The function is to be concerned with the human aspect all along the line in whatever is done that affects the individual as a human being.

It is more than wages that supply individual wants, more than hours and working conditions — it is a relationship with a physiological aspect. To quote Louis Stark, of the *New York Times*, it is a recognition that: "between the two, employer and employee, there is a gap which is sometimes narrow and friendly, or wide, hostile, and apparently unbridgeable. A relationship that may be fixed in a short time setting quickly into hostility, or it may grow into respect and esteem and develop into the utmost fertility which, translated into business terms, means the utmost efficiency and productivity. In human terms, it means that a man is getting satisfaction from his job."

The human without equation, but with many variables, is the factor of production that we have yet to learn considerably more about.

I mention production at this point because it seems the very by-word at the present moment, "more production and more production," "keep 'em rolling," "keep 'em flying." This is a time when every phase of management is being reviewed, surveyed, and audited as to the part it plays in getting that all-important production.

Does the industrial relations program help in getting out production, or is it just a "lot of hooey" as exemplified to me recently in the remarks of a supervisor when he said: "Let's cut all this 'hooey' about industrial relations. We've got to be concerned with production now."

If the industrial relations program is one that is building up within the organization a philosophy that satisfies, a feeling that each is a part of the whole effort, that while our point of view may be different our objectives are the same, it will become and be a part of production.

The nurse's part in the industrial relations program can be measured in the terms of production. It is measured in the number of man hours she can save by keeping people on the job. It is measured in the professional counsel that she gives daily to the many who stop in to see her, in the cheerfulness with which she greets them, and sends them back on the job after listening to their problems. It is measured in the words of one of my union friends, who said, when I asked him about the usefulness of the nurse: "Don't ever take them off the job. If you could hear the many good things I hear about them, how they help some of these fellows with their problems — problems that only a nurse who is a friend can handle, you would realize that the nurse is the most important part of your program."

I'm sure that he wasn't talking about the number of surgical cases, or redressings, or medical cases she might have taken care of during the day. He was talking about the many things that the nurse does beyond the scope of her professional activity or requirement which make for good industrial relations, satisfaction and regard for the company, toward the work place, and toward the job which makes a person do his best.

We may give the worker the best of machines, the office man the finest desk and chair, or even the nurse the most "up-to-the-minute" hospital equipment — none of these will help in getting out production, unless the human connected with these things can: *first*, make use of them to the fullest extent; *second*, know what is to be done with them; *third*, know why it is being done; and *fourth*, have a feeling that the company for whom she works is doing a great deal more than could be expected to have good working relationships between her and the people with whom she works.

Who is the company? Anyone who is connected with

Given at the Thirtieth National Safety Congress, Chicago, 1941.

what the employee feels is the management side of the business, at whatever level. It may be the guard at the gate, or the receptionist at the entrance.

That is what my friend, the union representative, was trying to tell me about the nurse — she was doing just a little more than might be expected of her.

I have heard it called morale. What is morale? It might be the individual attitudes molded into one group, or the organization attitude, which creeps out in feeling either for or against production.

I served in the Navy some time ago. Whenever a sailor served on a ship he didn't like, he referred to it as a "mad house." His reference was never concerning the equipment, or the watch that he served. It was always a matter of treatment. It was interesting to me to record that a ship was called a "mad house," a ship which everyone wished to leave, did not have any Navy "E's" for efficiency either.

Attitudes are caused. The cause may be anywhere along the line from the very day the applicant entered the company, through the interviewing process, the medical examination and assignment to the job. As someone said about making a sale: "The toughest part in the sale is the thing that lost the order." That part might have been a merciless handshake.

The interviewer is fully aware that experience is no longer available at the gate. He is now searching for capacity to do the job which he must fill, and capacity to learn the task quickly. We are bringing in raw material which has never worked within the confines of a manufacturing plant before, nor ever experienced factory discipline.

It is just as much a part of production to see that the new man starts right, that he thinks right about his work place, that he knows something of the philosophy of the organization in the treatment he receives, as it is to be sure that he can read or write.

The nurse is an important contact at this stage, particularly with female employees, who are happy about getting a job, anxious to get started, nervous about the steps they must go through to get the job; each wondering if the people she is to work with will like her and whether she will like them, what kind of a boss is she going to have, will she make good. You can be that first friend, and she'll never forget you for it; or, you can be just another fixture in the hospital that she dreaded as she passed through.

Her mind cannot accept training unless her mind is at ease. If improperly trained, she will develop habits detrimental to production as well as to her own safety. On the other hand, if she starts right she will want to learn, and will learn readily, quickly, and safely because she wants to. You might possibly be the first step in the training process.

SO MUCH for the new employee—how about the fellow who has been with us for a while—the fellow who, for one reason or another, seems to have gone sour toward his work and toward his own safety. If we stop to think for a moment of the many times we have felt "down in the dumps" and why, and recall how ineffective we were, regardless of how well we knew our jobs; and then just recall those times when we were happy about the whole thing, we can begin to understand the other fellow, and realize that it may be for many reasons.

We begin to realize that he is moved by the same reason mixed with emotion — some greater in one or the other—and, while someone said: "reason will out," we must understand that these are times when a knowledge of emotion is almost an essential because we are living in emotional times.

A few typical expressions that come from the workman which best illustrate what I mean are these: (1) "How long will the job last?" (2) "Will priority, shortage of material affect me?" (3) "Shall I take that job of foremanship offered me?" (4) "I wonder if I'll make good on that new job?" (5) "Why should I train this new fellow to eventually take my job?"

In discussing the problem with hundreds of supervisors during the last three or four years, we have arrived at five major objections of people to be found in any group work, whether it be factory, office, or school:

1. The fellow who has formed particular habits which are not easy to change. The whole field of industrial relations is meeting this feeling of resistance to change. To the nurse — the habit may be one of hygiene; or it may be one of health.

2. Men who are afraid that they do not meet or will not be able to do a job; men who fear some phase of contact in their work. It may be the job they ought to do; it may be the supervisor over them; it may be loss of job; and many other things of which you know.

3. Lack of knowledge or understanding of any phase of his job. He needs education. He lacks information about certain policy which affects him, or lacks understanding of the reasons behind the policy.

4. The individual who has the wrong attitude which comes from wrong information. It may come from background, from other influences which have his respect to a greater extent than those who supervise him. In this case, he needs to be straightened out as to the facts.

5. Here is a fellow who just can't seem to get along with anyone. The fellow who always seems to want to be the extreme in everything. We usually find this particular individual to be the "sum total" of many of the things I have mentioned. His whole nervous system is such that any thought that enters his mind is expressed emotionally. In most cases, we find this man fighting with himself. His case may be mental, or it may be physical. Something in the system which he does not know how to take care of or has ever realized, or something at home that reflects itself to the extent that this particular concern is greater than the job he is doing, so that while he is standing on the job, he is not on the job.

We begin to realize that industrial relations isn't a one-man job; that it is more than equipment, records, plants, or policies. It is the formulation of attitudes all along the line. It is everyone's job.

It seems to me that your profession, one that is built on service, can be a marvelous influence throughout the organization, with your interest and desire to help. You know that it is more than a medical or surgical task, it is your understanding of the individual reactions of the temperament of the employee to his or her conditions of which the work place is a large part.

In conclusion, allow me to give you a few experiences taken from the routine day of a nurse I know:

1. Called the hospital clinic and entered an employee's wife as a patient.

2. Called the foreman over to talk with him about a girl who needed a change in job for medical reasons.

3. Interviewed a girl apparently run down, losing weight — worry and care of brother, tubercular case.

4. Talked to an employee about joining a hospitalization plan for his own and his family's good.

5. Contacted blood donors in plant for an employee in hospital.

6. Talked to an employee about his wife; made recommendations as to a doctor to see.

7. Assisted in straightening out difficulties between a foreman and a workman.

8. Called union hall and requested that a basket be sent to a former employee who was out of work and sick.

In passing, I might mention that this nurse also sent over 150 cases to private doctors — men who came to her for counsel, men who respect and seek her advice, men who want this service not only for themselves, but also for others in their family.

I like to think of this kind of nurse as an INDUSTRIAL RELATIONS NURSE.

Industrial Nursing in Connecticut

FOR some time the industrial nurses of Connecticut have felt the need for compiling a brochure on industrial nursing which would outline for management, for new nurses in industry, and for nurses contemplating entering industrial nursing services, the results which may be expected of such services. From p. 13 of "The Conservation of Manpower" (Connecticut State Medical Society and Manufacturers' Association) the following is quoted:

"Registered nurses perform a necessary and important function in any well-developed health program. Requirements will vary with the plant and should receive individual consideration. Nursing services should always be under the supervision of the plant physician."

In consideration of the above statement, the Hartford and Southern Connecticut branches of the New England Industrial Nurses' Association have compiled the following outline of desirable goals for industrial nursing practice in Connecticut.

DEFINITIONS: (a) *Nursing:* As defined in Sec. 1 of the Nurse Practice Act. "Definition. The practice of nursing is defined as follows: (a) The performing, for compensation and *under the direction of a licensed physician,* of any professional service requiring special education, knowledge and skill in nursing care of those mentally or physically ill and in the prevention of illness; or (b) the performing, for compensation and under the direction of a licensed physician, of any of the simpler procedures required in nursing care of the sick, not involving the specialized education, knowledge and skill specified in sub-section (a)."

(b) *Industry:* Any enterprise manufacturing or otherwise in which workers are gainfully employed.

(c) *An Industrial Nurse:* Is a graduate nurse who renders palliative and preventive professional service to workers and officials in industry under the guidance of and cooperation with the industrial physicians.

OBJECTIVES OF NURSING SERVICE TO INDUSTRY: Under medical direction:

1. To keep the employee in optimum health and on the job and help him maintain his maximum earning capacity; one of the major objectives of the nursing program is health teaching.

2. Thereby to reduce in part hidden production costs caused by lost time and avoidable labor turnover.

3. Promote harmonious relationships between employer and employee and serve as liaison between employee and management in all matters concerning physical and mental welfare of workers.

FUNCTIONS: Nursing service deals with any situation affecting the physical or mental welfare of the employee while at work and assists the employee in the utilization of community resources for alleviation of non-industrial disorders.

1. Assist with physical examinations.

2. Follow up of physical defects and assist employee in correction of same through services of plant resources, family physician and resources of the community.

3. Immediate treatment of all industrial injuries and illness and such care of non-industrial injuries as may be indicated.

4. Assist in epidemiological investigations of all industrial illnesses and injuries occurring in the plant, and assist in means for controlling the responsible environmental conditions.

5. Investigate causes of non-industrial injuries and illnesses and assist the employee in procuring the necessary professional and social services.

6. Follow up of all absences of one day or more for purpose of discovering leaks in production costs, and with management make plans for prevention of same.

7. Assist employees in utilization of hospital insurance, group insurance, mutual benefit, etc.

8. Keep records which will show relation of employee's job to (1) physical complaint presented, (2) defects discovered, and (3) absences; and interpret same to management, to the end that all potential occupational disease hazards may be corrected, and non-occupational hazards causing absence or lower efficiency reduced.

9. Assist employee in filing claim for compensation and interpret compensation laws to claimant. Compensation records may or may not be kept by the nurse. In any event all medical and hospital costs and compensation paid should be available to the nurse and used by her in demonstrating to management the relationship between her services and reduction of these costs.

10. Follow up and assist with rehabilitation of all injured workers. This involves not only detailed knowledge of the nature of the injury, but also detailed knowledge of all manufacturing processes carried on in the plant.

11. Cooperate with safety engineers and others in the study and control of occupational accidents and hazards.

12. In the physician's absence supervise all matters relating to sanitation and health of the plant group.

13. Carry on educational work with individuals and groups within plant to promote optimum health of worker: Use of plant organ, bulletin board and other devices are helpful for this purpose.

14. Integrate nursing services with industrial relations department.

15. Cooperate with official and non-official community health agencies in extending their services to employees. The amount of service rendered by the nurse outside of the plant will depend on the policy of the company, and the resources available in the community. It is desirable to make use of whatever agencies the community affords.

16. Interpret to the *employer* the needs of the employee with respect to physical and mental welfare within the plant—and interpret to the *employee* the policies of the employer, to the end that policies may be developed which will contribute to health, safety and good morale.

ORGANIZATION OF NURSING SERVICE: It is the opinion of the industrial nurses of Connecticut that no plant is too small for services of a registered nurse on a full time or part time basis. The details of organization of the plant nursing service may vary with each individual plant. However, certain principles may be applied throughout. Regardless of the total amount of medical and nursing services in the plant, it is desirable that the plant health department be on a par with other specialized departments and responsible directly to management. This is an important feature of organization and will have direct bearing on the effectiveness of the nursing service.

In organizing a new nursing service, the insurance carrier is in a position to point out to management the details regarding the business advantages of such a service, the financial benefits which will accrue from such an investment, and the amount of money which can well be invested in proportion to the types of hazards presented by any given industry.

Medical guidance, as required by Connecticut law, may be provided by any one or by a combination of the following systems:

Full time physician; part time physician; physician on call.

Nursing service may be provided in the same way, or by a combination of any of these systems.

The activities of the nurse will vary in direct proportion to the system in which she finds herself. It is needless to say that the activities of a registered nurse in a plant of 200 employees, will touch more directly on other plant departments than the activities of the nurse who is one of a large staff in a plant of several thousand employees.

It is desirable that all shifts be covered in some way for such services, and that a female nurse be available on any shift employing women.

Any plant employing 100 workers regularly will find the investment in full-time industrial nursing services a profitable venture as shown by reduction in compensation costs, and general improvement in the health of the worker.

Experience has shown that a plant with several hundred workers employing only subsidiary or first aid workers, is paying heavily in hidden costs and leaks in production which could be prevented by application of scientific knowledge by a registered nurse.

Plants which have grasped the general idea that industrial nursing service pays cash dividends and employ only one registered nurse for a plant population of several thousand employees engaged in hazardous occupations, will not realize the maximum benefits to be derived from adequate nursing service.

To realize the maximum benefits from industrial nursing services it is desirable for management first, in cooperation with the plant medical adviser, to survey the plant to discover its health needs, and provide nursing services in accordance with the individual needs of the plant. The plant health department quarters may vary from an elaborate hospital to a small corner partitioned off from a busy section of the plant. The nurse is not dependent on elaborate quarters to render skilled nursing services. However, adequate quarters and equipment for the individual plant will do much to increase the efficiency of the service rendered.

RECORDS: Records are to the industrial nurse what bookkeeping is to the accountant. They enable the nurse to show management not only the volume of cases handled but also the relationship between the type of work an employee is doing and the kinds of accidents and illnesses he experiences. This is the type of information which can be used by management to cut hidden costs and to help the employee maintain his maximum earning power.

1. A daily record of all services rendered by the nurse — including name, department, occupation of worker, nature of visit and disposal of case.

2. Individual case record on each employee, recording each visit to the dispensary for all reasons and giving data as per No. 1 above. If patient contracts an occupational disease, diagnosis and date of report to State Department of Health (as per sec. 872 e, of General Statutes) should be noted on patient's record. The nurse may also assist the physician in seeing that all occupational disease cases are reported.

3. Compensation reports.

4. Monthly report and interpretation to management.

It is essential for the nurse to keep these four types of records regardless of the size or type of plant.

Other desirable records to keep are:

5. Individual employee records of absenteeism due to all causes starting with first day of absence.

6. Records of defects followed and corrected if plant has physical examinations.

7. If plant does not do pre-employment examinations the nurse can make a valuable contribution to accident prevention, reduction of compensation costs and absenteeism by securing from each new worker a health history. In addition to routine information, data included should be determined by the nature of the industry and occupation of the individual. The purpose of this history as of pre-employment examinations is not to exclude the worker from industry, but to place him wisely and safely for himself, his fellow workers, and the plant.

8. From time to time the plant may make studies which will involve data which could be supplied by the nurse. The nurse's records as a whole should be used in any plan to promote the physical or mental welfare of the worker. However, specific information from the nurse's records on any one worker should be considered confidential and released outside of the medical department only with the employee's written permission. For the purposes of this brochure records are not discussed further here, but may well be given further consideration in a handbook.

POLICIES: (1) When the nursing service is organized, it is well to bear in mind the desirability of having a female nurse in attendance on any shift employing women in the plant, factory or office.

2. It is desirable to have all nursing service in the plant rendered by graduate registered nurses.

3. If a Registered Nurse is employed on one shift and subsidiary workers on the other shifts, the Registered Nurse should be appointed senior in charge and supervise the activities of all other workers in the nursing department.

4. The nurse will be subject to the personnel policies operating in her plant. Discussion of the detail of prevalent policies in Connecticut is left for future consideration.

STANDING ORDERS: The stipulations of the Nurse Practice Act require that nursing care in Connecticut be given "under the direction of a licensed physician." In plants where a full time physician is not in attendance, the purpose of this law is fulfilled by the nurse and the plant through securing signed standing orders from the part time, or panel physician. Meticulous observance of this point may save the plant embarrassing medicolegal complications.

In plants not covered by nursing service consideration should be given to the desirability of having standing orders covering any type of first aid or emergency treatment given in the plant.

RELATIONSHIPS: It is desirable for each nurse to consider carefully her relationship to other individuals and groups inside and outside of the plant. Effectiveness of the nursing service depends on the nurse herself and the degree to which she works with all other departments in the plant. Because of her unique position, the nurse has a great opportunity to promote harmonious relationships. Types of relationships to be considered would include the following:

In the plant: (1) Management. (2) Physicians, full-time, part-time, panel. (3) Department heads. (4) Committee chairmen. (5) Safety committee. (6) Insurance company. (7) Individual employees.

In the community: (1) The nursing profession and organized nursing groups. (2) Individual physicians and nurses. (3) Social agencies. (4) Labor. (5) Compensation commissioner.

QUALIFICATIONS: A committee representing the New England, New York, New Jersey, Philadelphia and Detroit industrial nursing associations recently formulated qualifications for industrial nurses which include the following:

The nurse should be a (1) graduate registered nurse; (2) a member of the American and state Nurses' Associations; (3) should have executive ability; and (4) business experience is desirable but not essential.

It is essential that the nurse have or acquire knowledge of compensation and labor laws and all the laws affecting industry and the operation of industrial health services.

Industrial nursing as considered in this brochure consists of a combination of nursing skills far beyond the ability to render first aid to minor injuries and apply dressings to the injured. It embraces the art of relating symptoms presented by the worker to the materials with which he is working for the purpose of detecting possible toxic exposures to occupational diseases and also the ability to coordinate activities and significant findings of the nursing department with other plant departments.

The demands of industry are so varied that any specialized experience that the nurse may have had will be valuable.

Inasmuch as lost time due to non-occupational causes is many times greater than lost time due to occupational disease and accidents combined, it is desirable that in addition to the qualifications mentioned above the nurse be skilled in health teaching and preventive practices and know how to utilize the resources found in the plant and in the community for reducing absences due to non-occupational illnesses.

RECOMMENDATIONS FOR FUTURE DEVELOPMENTS:

1. The C.S.N.A. Board conduct a survey of industrial nursing through a committee of industrial nurses.

2. The industrial nurses petition the C.S.N.A. for organization of an industrial nursing section. At the present time, attention is being called to industrial nursing throughout the country. The industrial nurses of Connecticut feel that the development of this branch of nursing should be of concern to the nursing profession as a whole as standards of nursing are involved. A section in the state nurses' association would provide not only an opportunity for discussion of industrial nursing problems but also for disseminating pertinent information to industrial nurses throughout the state.

Through such a section it would be possible to keep interested groups in the state advised regarding current industrial nursing practice.

3. An effort be made to interest male industrial nurses to become active members of the C.S.N.A. and the above-named section.

4. Provision for training of industrial nurses be promoted by the Connecticut State Nurses' Association, Industrial Nurses' Section and the Manufacturers' Association with the assistance of the State Department of Health, Bureau of Industrial Hygiene.

5. There be further development of the nursing consultation services of the Bureau of Industrial Hygiene, State Department of Health.

6. Industrial nursing in Connecticut be extended and promoted in plants not adequately covered at present.

7. The Industrial Nurses' section of the C.S.N.A. prepare a handbook for management which would include such information as how a registered nurse may be procured, what service she is capable of rendering, and how this will benefit the plant.

8. A roster of industrial nurses be kept by the industrial nurses' section of the C.S.N.A. or some central statewide agency, for the purpose of finding nurses for industry and industries for nurses.

National Organization

—for Industrial Nurses—

Victoria C. Stralko, R.N.,
Foote Bros. Gear and Machine Corporation, Chicago

AN AMERICAN ASSOCIATION FOR INDUSTRIAL NURSES, the dream of those pioneer nurses who have long felt the need for an organization where the special problems of the industrial nurses could be set forth, where the experience of the industrial nurses could be utilized to help those new nurses entering this highly specialized field, and a forum where educational activities could be promoted to keep industrial nurses abreast with activities in the industrial field, became a reality when representative nurses from 15 states (approximately 400 nurses) met at breakfast on April 19, at Philadelphia, during the Fourth Joint Conference of Industrial Nurses.

MISS CATHERINE R. DEMPSEY, R.N., Chairman of the Committee for a national organization, opened the meeting and gave a resumé of the work the committee had done during the past year. She stated that because of the interest shown by the industrial nurses in a national organization, because of the ever increasing number of industrial nurses and the constant need for information, together with the value of having a forum for the discussion of those problems of particular interest to industrial nurses, the committee felt justified in recommending the organization of an "American Association for Industrial Nurses."

After the representatives from each state had an opportunity to voice their opinion, a vote was taken which was returned unanimously in favor of "The American Association of Industrial Nurses."

THE officers chosen to set up the organization and to present at the next annual meeting an outline for the Association as follows:

President
MISS CATHERINE R. DEMPSEY, R.N.,
Simplex Wire & Cable Co.,
Cambridge, Massachusetts

First Vice-President
MISS ELIZABETH SENNEWALD, R.N.,
Dolphin Jute Mills, Inc.,
Paterson, New Jersey

Second Vice-President
MISS POLLY ACTON, R.N.,
The New York Times,
New York City

Treasurer
MISS MARTHA PURCELL, R.N.,
Thompson Products, Inc.,
Detroit, Michigan

Recording Secretary
MARION BRITTINGHAM, R.N.,
Cuneo Eastern Press,
Philadelphia, Pennsylvania

Corresponding Secretary
MARION DOWLING, R.N.,
Lowe Paper Company,
Ridgefield, New Jersey

The organization is open to all graduate registered nurses actively engaged in industrial nursing.

Continued from page 222

up of all the physicians of the island: H. M. PATTERSON, President, R. T. EKLUND, Vice-President, THOMAS KEAY, Delegate to the Territorial convention, and W. N. BERGIN, alternate delegate. DR. BERGIN is the retiring president of the county society.

Dr. R. J. Treadwell has been on the mainland for over six months, and the time of his return is indefinite. He was the first member of the AMERICAN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS for the Territory, and one of our leading industrial surgeons. We hope he will soon be back at work. DR. IVAR LARSEN is carrying on the Kohala work during DR. TREADWELL'S absence.

—H. M. PATTERSON, M.D.
Secretary, Hawaiian Society of Industrial Physicians and Surgeons.

AMONG the related organizations meeting in conjunction with the Sixty-Seventh Annual gathering of the State Medical Association of Texas, at Houston, is the TEXAS RAILWAY AND TRAUMATIC SURGICAL ASSOCIATION which convenes on Monday, May 11, with the following program:

PRESIDENT'S Address: "The Medical Witness"—P. R. DENMAN, Houston.
"My Impression of the Doctor in Court as a Medicolegal Expert"—HON. H. EARL COX, Houston.
"Low Back Pain"—ROBERT C. L. ROBERTSON, Houston.
"Diagnosis and Treatment of Back Sprain in Industry"—AMOS MAVERICK GRAVES, San Antonio.
"The Sprained Ankle"—W. C. MORROW, Greenville.
"Late Results of Injuries to Ligaments and Cartilages of the Knee"—F. L. SNYDER, Fort Worth.
"Plastic Surgery"—V. P. BLAIR, St. Louis.
"Trench Mouth" — JAMES WATSON, D.D.S., Cameron.
"Heart Disease in Industry"—L. H. REEVES, Fort Worth.
"The Surgical Treatment of Gastro-Jejunal Ulcers" (Motion Picture)—G. R. ENLOE, Fort Worth.

CENTRAL STATES SOCIETY OF INDUSTRIAL MEDICINE AND SURGERY met jointly with CHICAGO SOCIETY OF INDUSTRIAL MEDICINE AND SURGERY on April 8, 1942, at the Palmer House, Chicago, with the following program:

Morning Session

CLINICAL Program—THOMAS C. BROWNING, M.D., presiding.
"Industrial Dermatoses"—EDWARD A. OLIVER, M.D.
"Fractures Through the Lower Femoral Epipheseal Plates"—SIDNEY SIDEMAN, M.D.
"Peripheral Vascular Disease"—T. R. VAN DELLAN, M.D.
"Osseous Anomalies (Radiologic Aspects)"—M. J. HUBENY, M.D.
"The Treatment of Non-Unions"—ARTHUR H. CONLEY, M.D., and DONALD S. MILLER, M.D.
"Mal-united Colles Fractures"—MARCUS H. HOBART, M.D., and FELIX JANSEY, M.D.
"The Treatment of Burns"—SUMNER L. KOCH, M.D.

Afternoon Session

OCCUPATIONAL Injury and Disease—URBAN E. GEBHARD, M.D., presiding.
"Medicolegal Aspects of Inguinal Hernia"—LEO ZIMMERMAN, M.D.
"Beaded Wire in Treatment of Fractures"—CHARLES N. PEASE, M.D.
"Psychiatry in Industrial and Legal Medicine"—MEYER SOLOMON, M.D.
"Occupational Dermatitis" (Colored Slides)—LEONARD F. WEBER, M.D.
"Diagnosis and Treatment of Heat Sickness"—RICHARD J. BENNET, JR., M.D.
"The Simple Treatment of Common Industrial Injuries" — Presidential Address—URBAN E. GEBHARD, M.D.
"Evaluation of Permanent Disability" —Presidential Address — THOMAS C. BROWNING, M.D.

Evening Session

Wartime Health Problems:
"Newer Aspects"—C. O. SAPPINGTON, M.D., DR. P.H.
"Surgical Aspects"—HARRY E. MOCK, M.D.
"Women"—M. H. KRONENBERG, M.D.
General Discussion.

INDUSTRIAL nursing sessions to be held at the biennial convention of the three national nursing organizations (N.O.P.H.N., American Nurses Association and National League of Nursing Education) on May 16-18, 1942, Chicago. Program follows:

Saturday Morning

PRESIDING—MRS. CHRISTIAN SEABROOK.
"Information Concerning Relationships between Industrial Nurses and U.S.P.H.S., State and Local Health Departments"—OLIVE M. WHITLOCK.
"Relationship of Industrial Nurse to Community Health Organizations"—MARIE JOHNSON and BERNADINE STRIEGEL.
"Nurse's Influence in Safety Program"—F. W. BRAUN.
"Summary"—JOANNA M. JOHNSON.
"Meetings of Special Interest to Industrial Nurses"—D. IRENE BIGLER.

Saturday Afternoon

PRESIDING—MRS. CHRISTIAN SEABROOK.
"Inter-relationship of Medical Profession and Nurses in Industry"—ORLAN JOHNSON, M.D.
"Information on Available Educational Opportunities for Industrial Nurses"—LUCILLE HARMON.
"Dental Program for Workers in Industry"—HAZEL LEEDKE.
"Summary"—JOANNA M. JOHNSON.

Sunday Morning

PRESIDING—EMILIE G. SARGENT.
"Problems Concerning Part-Time Nursing Service for Small Industries by Visiting Nurse Associations" — RUTH HUBBARD, Philadelphia Visiting Nurse Society; KATHERINE FAVILLE, Henry Street Visiting Nurse Service; ETHYL NEELANDS, Saginaw, Michigan, Visiting Nurse Association.

Monday—Luncheon

"MENTAL Hygiene in Industry"—(Guest speaker to be announced.)

Monday Afternoon

PRESIDING—JOANNA M. JOHNSON, Chairman, N.O.P.H.N., Industrial Nursing Section.
"Eye Problems of the Nurse in Industry"—ELEANOR NUMFORD.
"Health and Safety of the Employee"—RISPAH PORTER.

REPLIES to a questionnaire sent by the N.O.P.H.N. in September, 1941, to the 260 public health nursing agencies in the United States employing more than three nurses shows the increased interest in contracts with industry.

Of 185 replies received, 55 agencies or about 30% stated that they had individual contracts with one or more industries. This is a larger percentage than has been shown by any previous study by the N.O.P.H.N. More than half of the agencies reporting industrial contracts are located either in the New England or in the Middle Atlantic states. This is to be expected since most of the industries as well as most of the public health nursing agencies are located in these areas.

Seventeen of the agencies reported that their nurses visit both in the plant and in the homes of employees. Ten agencies have contracts providing service only within the plant, while in 28 agencies the nurses visit employees in their homes only.

—From "Contracts for Industrial Health Nursing," by RUTH HOULTON, R.N., in Public Health Nursing, December, 1941.

ATTENTION NURSES!

Increased industrial production has resulted in a growing demand for nursing personnel for defense industries and industrial organizations. At this writing we have an attractive opening for a registered nurse in a large ordnance plant with a well-planned safety program;—an interesting opening for a male nurse in a large middlewestern defense industry;—a very remunerative staff nursing appointment in a southwestern industrial hospital;—and many other unusual opportunities.

If you are anxious to assist in the war program, yet are ineligible for military service, there is a place for you somewhere. Write for application today.

Aznoe's-Woodward Medical Personnel Bureau
Ann Ridley Woodward, Director
30 North Michigan, Suite 422-I
Chicago, Illinois

MANUFACTURERS

A NEW type of glove, intended to facilitate exploratory examinations in the physician's office, has been introduced under the trade name "Quixam" by the Pioneer Rubber Co., Willard, Ohio. The new glove covers the hand only, with beaded top ending at the wrist. For the convenience of physicians who wear but one glove while making routine examinations, this one is designed to fit either the right or left hand comfortably. Time-saving is also a factor, as the new glove can be slipped on and pulled off quickly.

MC NEILL LABORATORIES introduce a new product for the treatment of hemorrhagic conditions and hepatic biliary disturbances, under the name Sorparin. A derivative of the European mountain ash berry, Sorparin has been subjected to extensive research which proved that it possesses in a marked degree the power to elevate the level of plasma prothrombin and therefore has the properties of Vitamin K. Further investigation proved its value in hepatic insufficiency, catarrhal jaundice, chronic cholecystitis and preoperative prophylaxis against bleeding.

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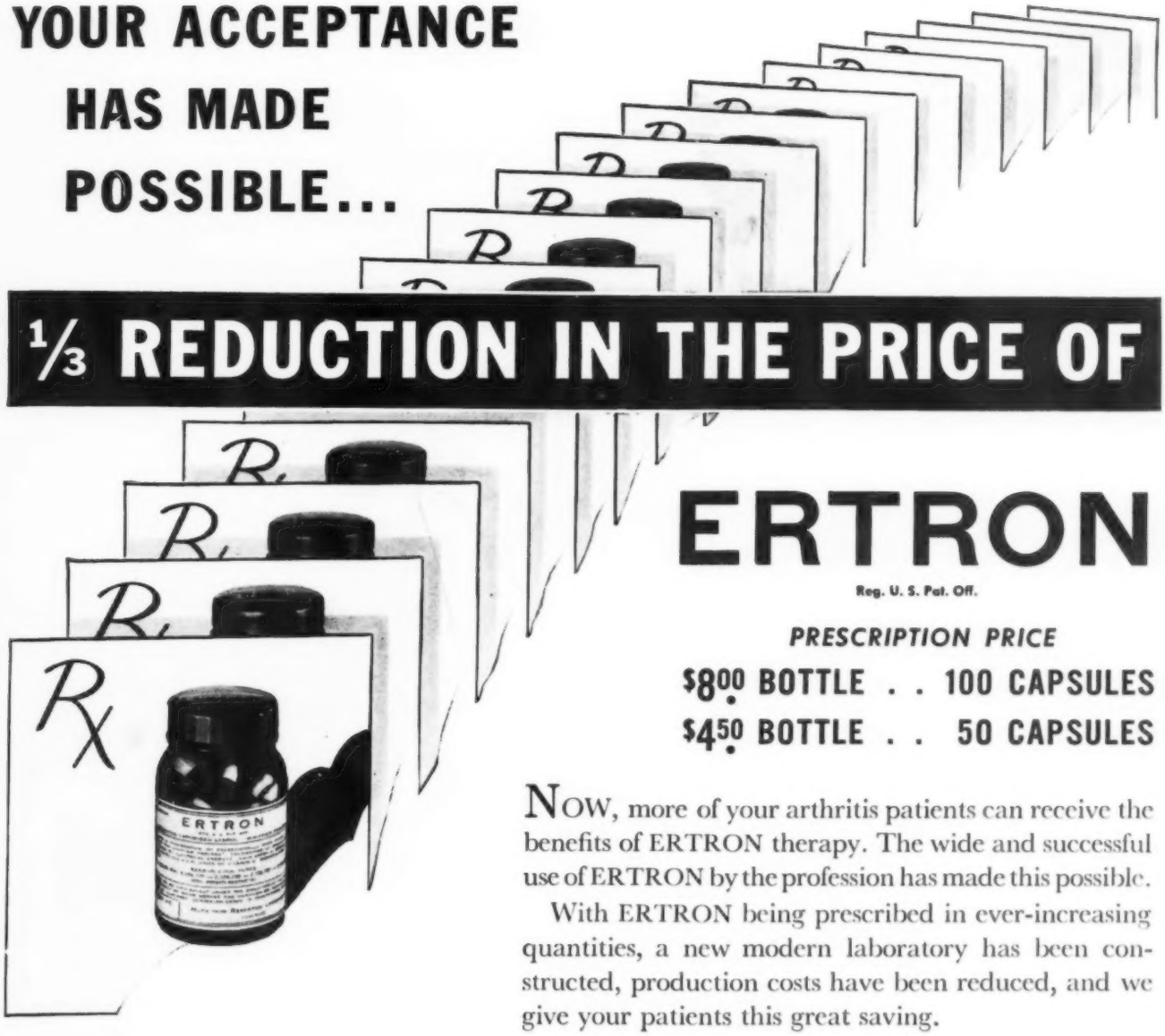

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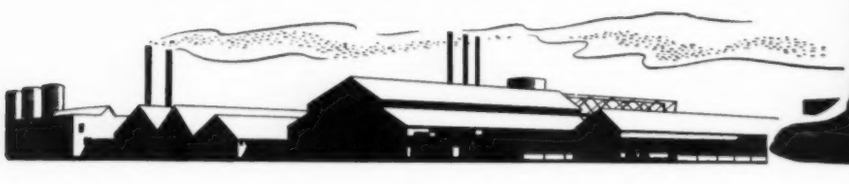

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